



HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2003
OF THE CONDITION AND AFFAIRS OF THE

NAIC Group Code

(Current Period)

(Prior Period)

NAIC Company Code

11081

Employer's ID Number

38-3295207

Organized under the Laws of

Michigan

State of Domicile or Port of Entry

Michigan

Country of Domicile

United States of America

Licensed as business type:

Life, Accident & Health []

Property/Casualty []

Dental Service Corporation []

Vision Service Corporation []

Other []

Health Maintenance Organization [X]

Hospital, Medical & Dental Service or Indemnity []

Is HMO, Federally Qualified? Yes [] No [X]

Incorporated

09/29/1995

Commenced Business

12/13/2000

Statutory Home Office

3956 Mount Elliott

(Street and Number)

,

Detroit, MI 48207

(City or Town, State and Zip Code)

Main Administrative Office

3956 Mount Elliott

(Street and Number)

Detroit, MI 48207

(City or Town, State and Zip Code)

313-925-4607

(Area Code) (Telephone Number)

Mail Address

(Street and Number or P.O. Box)

,

(City or Town, State and Zip Code)

Primary Location of Books and Records

3956 Mount Elliott

(Street and Number)

Detroit, MI 48207

(City or Town, State and Zip Code)

313-925-4607

(Area Code) (Telephone Number)

Internet Website Address

Statutory Statement Contact

Yvonne Whitley

(Name)

313-925-4607

(Area Code) (Telephone Number) (Extension)

none88@hotmail.com

(E-mail Address)

313-925-0322

(FAX Number)

Policyowner Relations Contact

303 Peachtree Street, Suite 4410

(Street and Number)

Atlanta, GA 30308

(City or Town, State and Zip Code)

404-720-7658

(Area Code) (Telephone Number) (Extension)

OFFICERS

President

Augustine Kole-James MD

Secretary

Robin Cole RNC,MBA

Treasurer

Harold Montgomery CPA

VICE PRESIDENTS

Robin Cole RNC,MBA

DIRECTORS OR TRUSTEES

Augustine Kole-James, MD Chairman

Anthony Adeleye, MD V.Chairman

Harold Montgomery, CPA Treasurer

Robin Cole, RNC,MBA Secretary

Catherine Riley Member

Elizabeth Williams Member

State of

}

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County of

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

Augustine Kole-James, MD
President

Robin Cole RNC,MBA
Secretary

Anthony Adeleye, MD
Treasurer
(Medical Director)

Subscribed and sworn to before me this

day of

, 2004

a. Is this an original filing?

Yes [X] No []

b. If no,

1. State the amendment number

2. Date filed

03/01/2004

3. Number of pages attached

18

18

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ANNUAL STATEMENT FOR THE YEAR 2003 OF THE Pro Care Health Plan, Inc.

EXHIBIT 4 - HEALTH CARE RECEIVABLES

[illegible]

EXHIBIT 5 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

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ANNUAL STATEMENT FOR THE YEAR 2003 OF THE Pro Care Health Plan, Inc.

EXHIBIT 6 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

Exhibit 7- Amount Due to Parent, Subs

NONE

Exhibit 8 - Part 1

NONE

Exhibit 8 - Part 2

NONE

EXHIBIT 9 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	752		591	161	161	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	752	0	591	161	161	0



ANNUAL STATEMENT FOR THE YEAR 2003 OF THE Pro Care Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Pro Care Health Plan, Inc. 2. (LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Michigan			DURING THE YEAR 2003							NAIC Company Code		11081
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	0												
2. First Quarter	0												
3. Second Quarter	0												
4. Third Quarter	0												
5. Current Year	0												
6. Current Year Member Months	0												
Total Member Ambulatory Encounters for Year:													
7. Physician	0												
8. Non-Physician	0												
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0												
11. Number of Inpatient Admissions	0												
12. Health Premiums Collected	0												
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0												
15. Health Premiums Earned	0												
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services	0								0				
18. Amount Incurred for Provision of Health Care Services	(1,591)								(1,591)				

(a) For health business: number of persons insured under PPO managed care products and number of persons under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2003 OF THE Pro Care Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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NAIC Group Code		BUSINESS IN THE STATE OF Consolidated			DURING THE YEAR 2003						NAIC Company Code		11081	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
			2	3										
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:														
1. Prior Year		0	0	0	0	0	0	0	0	0	0	0	0	0
2. First Quarter		0	0	0	0	0	0	0	0	0	0	0	0	0
3. Second Quarter		0	0	0	0	0	0	0	0	0	0	0	0	0
4. Third Quarter		0	0	0	0	0	0	0	0	0	0	0	0	0
5. Current Year		0	0	0	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months		0	0	0	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:														
7. Physician		0	0	0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician		0	0	0	0	0	0	0	0	0	0	0	0	0
9. Total		0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred		0	0	0	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions		0	0	0	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Collected		0	0	0	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned		0	0	0	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services		0	0	0	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services		(1,591)	0	0	0	0	0	0	0	(1,591)	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons under indemnity only products 0

35.GT

SCHEDULE A VERIFICATION BETWEEN YEARS

1. Book/adjusted carrying value, December 31, prior year (prior year statement)	695,402
2. Increase (decrease) by adjustment:	
2.1 Totals, Part 1, Column 10	(15,242)
2.2 Totals, Part 3, Column 7	0
3. Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)	0
4. Cost of additions and permanent improvements:	
4.1 Totals, Part 1, Column 13	0
4.2 Totals, Part 3, Column 9	0
5. Total profit (loss) on sales, Part 3, Column 14	0
6. Increase (decrease) by foreign exchange adjustment:	
6.1 Totals, Part 1, Column 11	0
6.2 Totals, Part 3, Column 8	0
7. Amounts received on sales, Part 3, Column 11 and Part 1, Column 12	0
8. Book/adjusted carrying value at end of current period	680,160
9. Total valuation allowance	
10. Subtotal (Lines 8 plus 9)	680,160
11. Total nonadmitted amounts	
12. Statement value, current period (Page 2, real estate lines, current period)	680,160

SCHEDULE B VERIFICATION BETWEEN YEARS

1. Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year	NONE
2. Amount loaned during year:	
2.1 Actual cost at time of acquisitions	
2.2 Additional investment made after acquisitions	
3. Accrual of discount and mortgage interest points and commitment fees	
4. Increase (decrease) by adjustment	
5. Total profit (loss) on sale	
6. Amounts paid on account or in full during the year	
7. Amortization of premium	
8. Increase (decrease) by foreign exchange adjustment	
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	
10. Total valuation allowance	
11. Subtotal (Lines 9 plus 10)	
12. Total nonadmitted amounts	
13. Statement value of mortgages owned at end of current period	

SCHEDULE BA VERIFICATION BETWEEN YEARS

1. Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	NONE
2. Cost of acquisitions during year:	
2.1 Actual cost at time of acquisitions	
2.2 Additional investment made after acquisitions	
3. Accrual of discount	
4. Increase (decrease) by adjustment	
5. Total profit (loss) on sale	
6. Amounts paid on account or in full during the year	
7. Amortization of premium	
8. Increase (decrease) by foreign exchange adjustment	
9. Book/adjusted carrying value of long-term invested assets at end of current period	
10. Total valuation allowance	
11. Subtotal (Lines 9 plus 10)	
12. Total nonadmitted amounts	
13. Statement value of long-term invested assets at end of current period	

Schedule D - Part 1A - Section 1
NONE

Schedule D - Part 1A - Section 2
NONE

Schedule DA - Part 2
NONE

Schedule DB - Part A - VBY
NONE

Schedule DB - Part B - VBY
NONE

Schedule DB - Part C - VBY
NONE

Schedule DB - Part D - VBY
NONE

Schedule DB - Part E - VBY
NONE

Schedule DB - Part F - Section 1
NONE

Schedule DB - Part F - Section 2
NONE

Schedule S - Part 1 - Section 2
NONE

Schedule S - Part 2
NONE

Schedule S - Part 3 - Section 2
NONE

Schedule S - Part 4
NONE

Schedule S - Part 5
NONE

Schedule S - Part 6
NONE

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PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

[illegible]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

1.

Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?.....

Yes [☐] No [☒]
2.

Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?.....

Yes [☒] No [☐]
3.

Will an actuarial certification be filed by March 1?.....

Yes [☒] No [☐]
4.

Will the Risk-based Capital Report be filed with the NAIC by March 1?.....

Yes [☒] No [☐]
5.

Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?.....

Yes [☒] No [☐]
6.

Will the SVO Compliance Certification be filed by March 1?

Yes [☒] No [☐]
7.

Will the Life Supplement be filed the state of domicile and the NAIC by March 1?

Yes [☐] No [☒]
8.

Will the Property/Casualty Supplement be filed the state of domicile and the NAIC by March 1?.....

Yes [☐] No [☒]

APRIL FILING

9.

Will Management's Discussion and Analysis be filed by April 1?.....

Yes [☒] No [☐]
10.

Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile by April 1?.....

Yes [☐] No [☒]
11.

Will the Investment Risks Interrogatories be filed by April 1?

Yes [☒] No [☐]

JUNE FILING

12.

Will an audited financial report be filed by June 1 with the state of domicile?


Yes [☒] No [☐]


EXPLANATIONS:


1.
7.
8.
10.


BAR CODE:

1.


1 1 0 8 1 2 0 0 3 3 6 0 5 8 0 0 0
7.


1 1 0 8 1 2 0 0 3 2 0 5 0 0 0 0 0
8.


1 1 0 8 1 2 0 0 3 2 0 7 0 0 0 0 0
10.


1 1 0 8 1 2 0 0 3 3 3 0 5 8 0 0 0

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